

## BREASTFEEDING INSURANCE BENEFIT GUIDELINES: UnitedHealthcare (UHC) - Medicaid



- This grid includes the general coverage parameters for Medicaid members, including Rite Care members.
- Healthy First Steps Program packets are sent to all pregnant participants who have been identified to UHC by their providers.
- Requests for case management can be made through Jennifer Wagner at (401) 732-7172, the Healthy First Steps Program at (800) 672-2156, or by fax at (800) 785-1450. Please allow two business days for a response.

	MOM / BABY CRITERIA	NETWORK / VENDOR / PRODUCT INFO Approved providers (private or hospital-based), vendors, products	REQUIRED STEPS Prescriptions, referrals, times specifications	PAYMENT SPECS Co-pay, reimbursement
<b>Education</b>				
Prenatal Breastfeeding Classes / Childbirth Education Classes	Covered benefit – group and individual sessions	Classes covered for contracted UHC Medicaid network providers <sup>1</sup>	No referral or authorization, show UHC card at class	No co-pay
Breastfeeding Support Groups	Not a covered benefit	N/A	N/A	N/A
<b>Lactation Support</b>				
In-patient Hospital	Covered as part of inpatient stay	Any UHC Medicaid network Hospital		No co-pay
Out-patient Hospital / Home	Covered benefit <ul style="list-style-type: none"> <li>• Initial consult must occur w/in first 2 weeks of delivery</li> <li>• Limited to 2 additional visits w/in first month after delivery</li> </ul> No prior authorization required for initial lactation consult or 2 additional consultations	Any UHC Medicaid network Hospital/Home Health Agency <sup>1</sup>	<ul style="list-style-type: none"> <li>• UHC Health Services prior authorization for referrals beyond 3 visits</li> </ul>	No co-pay
<b>Equipment</b>				
Manual Breast Pump Purchase (CPT code: E0602)	Covered Benefit	Any UHC Medicaid network vendor, i.e. Vanguard Home Medical Equipment at 401-468-1300, Kent Home Medical Equipment at 401-732-0022, or South County Surgical Supply at 401-783-1850	<ul style="list-style-type: none"> <li>• Requires MD prescription for mother<sup>2</sup> specifying manual pump (given to vendor by MD or member)</li> </ul>	No co-pay
Hospital Grade Electric Breast Pump – Rental (CPT code: E0604)	Covered Benefit	Any UHC Medicaid network vendor, i.e. Vanguard Home Medical Equipment at 401-468-1300, Kent Home Medical Equipment at 401-732-0022, or South County Surgical Supply at 401-783-1850	<ul style="list-style-type: none"> <li>• Requires MD prescription for mother<sup>2</sup> specifying type of pump<sup>3</sup> (given to vendor by MD or member)</li> <li>• Rx should state the diagnosis and length of need</li> <li>• Lactation Consultant may recommend prescription to MD</li> </ul>	No co-pay
Individual Electric Breast Pump – Purchase (CPT code: E0603)	Covered Benefit	Kent Home Medical Equipment at 401-732-0022 or South County Surgical Supply at 401-783-1850		
Pump Kits – Purchase	Covered Benefit	Provided with electric pump	Authorized with electric pump – 1 maximum	No co-pay

<sup>1</sup> Call Member Services at 1-800-587-5187 or 1-800-587-5188 (TDD/TTY for hearing impaired) for participating providers.

<sup>2</sup> Prescription may be written by the mother's or child's provider.

<sup>3</sup> Depending on the MD prescription and the vendor, member could receive either hospital-grade electric or individual electric pump.